

Wake Forest Parks and Recreation Department - Registration Form

General Information – One form per person. Make copies as necessary.

Last Name _____ First Name _____ Gender _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____
Email Address (Optional) _____
City Resident Non-resident

Parent/Guardian Name (s) _____ (H) Phone _____ (W) Phone _____
Emergency Contact _____ (H) Phone _____ (W) Phone _____

Special Needs: The Wake Forest Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.)

Physician Name: _____ Phone: _____
Known Allergies: _____
Current Medications: _____

ADVANCED REGISTRATION IS REQUIRED FOR ALL PROGRAMS!

Program Title	Day/Time/Date Class Begins	Fee
_____	_____	_____
_____	_____	_____

Parent/Guardian and Adult Participation Agreements: I, _____ (parent/guardian), do hereby give my permission for _____ (participant) to participate in the program offered by the Wake Forest Parks and Recreation Department known as _____. By signing this document, I hereby absolve the Town of Wake Forest and any individuals, groups, or organizations officially connected in any manner with the above stated program of all liabilities concerning personal injury, property damage, and equipment loss. I realize that transportation to and from the program is my responsibility, and that if anyone connected with the program transports my child on my behalf, I will hold the party/parties involved blameless of any accident or injury that may occur. Such absolution is to be binding when the above individuals are acting within the scope of the activity. I hereby accept the instructor, supervision, facilities, and equipment, as being satisfactory for the program activity named above. I understand that insurance coverage is my /our responsibility, and I/we certify that I/we have read and agree to the terms stated above and that all information provided is correct to the best of my/our knowledge.

Refund Policy: Class fees are 100% refundable when the class is canceled by the Wake Forest Parks and Recreation Department. Anyone wishing to withdraw from a class that has not been cancelled by the Wake Forest Parks and Recreation Department must request a refund, in writing, at least five (5) business days in advance before the scheduled start of the class. Refunds will not be given for withdrawals made less than the five working day period other than for verified medical/hardship cases.

Non-Discrimination Policy: The Wake Forest Parks and Recreation department does not discriminate on the basis of race, color, national, origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file complaint with the Director of the Wake Forest Parks and Recreation Department or the Office of Equal opportunity, US Department of the interior, Washington, DC. 20240.

Registration Process: Complete and sign registration form. Return form and full payment by mail or in person.

Mail Payment to: Town of Wake Forest
Parks and Recreation Dept.
401 Elm Avenue, Wake Forest, N.C. 27587
Phone: 919-554-6180

Total Enclosed: \$ _____
Full payment is due at the time of registration.
Make check or money order payable to Town of Wake Forest.

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

